

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)	09/868417		
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			1
2						52			1
3						53	1		
4						54			
5						55			
6						56			
7						57			
8						58			
9						59			
10						60			
11						61			
12						62			
13						63			
14						64			
15						65			
16						66			
17						67			
18						68			
19	1					69	1		
20						70		1	
21						71	.	1	
22		1				72			
23						73			
24		1				74			
25						75			
26						76			
27						77			
28						78			
29						79			
30			1			80			
31			1			81			
32			1			82			
33			1			83			
34						84			
35						85			
36	1	1				86		1	
37						87	1		
38						88			
39		1				89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TAL						TOTAL IND.			
TAL						TOTAL DEP.			
TAL						TOTAL CLAIMS			